



# CITY OF SAULT STE. MARIE, MICHIGAN ENGINEERING DEPARTMENT

225 E Portage Ave.  
Sault Ste. Marie, MI 49783  
(906) 632-5730 [EngineeringPermits@saultcity.com](mailto:EngineeringPermits@saultcity.com)

## ***Temporary Street-Sidewalk Closure Application***

A Temporary Street Closure permit is required for all special events that occur within the public right of way impeding traffic of any kind and to include: utility work, excavation, special events, and/or activity of any kind blocking the roadway or sidewalk.

APPLICANT _____		Phone _____	
ADDRESS _____			
Street	City	State	Zip
Email _____			

Description of Proposed Event (Include Closures and/or Route Information. – Attach a map to last page)

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Proposed Start Date/Time \_\_\_\_\_ Proposed Completion Date/Time \_\_\_\_\_

**APPLICANT is directed to the reverse side of this application for permit requirements:**

Issuance of a Special Event Permit is contingent upon agreement to abide by all requirements. Provision of Applicant's signature below signifies that the Applicant has read and understands the requirements on page two of this application and agrees to abide by all requirements and directives of this permit. Applica

\_\_\_\_\_  
Applicant's Signature Date

-----For City Staff Only-----

**APPROVAL:**

\_\_\_\_\_  
City Engineer Date

### **FEE (check all that apply):**

Special Event Lane:	Sidewalk: \$30
\$50/lane/Day	Street: \$70/street/
After-the-Fact: +\$250	Day Other: \$_____

***Failure to submit a permit application at least 24 hours beforehand may cause an "After the Fact Fee" to be levied. The event will or may be delayed until the fee is paid.***

The applicant is advised of the following conditions placed upon the granting of this Special Event – Temporary Street Closure permit. **Failure to comply may result in an After-the-Fact Fee to be levied.**

- That the activities are carried out within the prescribed area.
- That participants respect the property, comfort and noise concerns of their neighbors.
- That the police are notified at once if problems concerning control develop.
- That the police or fire department may order the activity to cease and, in effect, declare this permit null and void.
- That **the applicant** shall ensure that any litter generated as a result of the event is picked up.
- That no road will be allowed to be closed if it provides the single access route for emergency vehicles.
- That **the applicant** shall be responsible for appropriate traffic control required for the permitted activity, and shall comply with all MIOSHA safety and MUTCD requirements.  
I would like to receive training information on traffic regulations.
- That in the case of a residential street closure, it is **the applicant's** responsibility to notify all affected residences.
- That it is the responsibility of **the applicant** to provide details of the event to businesses, churches and any other institution or organization that may be impacted by the event a minimum of ten (10) days in advance of the event to minimize any inconvenience the event may cause.
- That **the applicant** is solely responsible for the safety of an event, even when police presence is utilized.
- That each barricaded street is staffed by a courteous and trained volunteer to assist emergency vehicles only through the barricades. Barricades are required at both ends of the street to be closed at all times.
- That there be a minimum of 5 feet of clear sidewalk space maintained at all times without a sidewalk closure permit.
- Additional State and/or County permits as may be required shall be the responsibility of the applicant.
- ADDITIONAL REQUIREMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:

**Did the Applicant request Police Services?**  
*(Police Chief to approve when applicable)*

N/A

\_\_\_ **Yes**

**No**

\_\_\_\_\_  
Police Chief

Date

**Is utility work part of this project?**  
*(Water Director to approve when applicable)*

N/A

**Yes**

**No**

\_\_\_\_\_  
Water Director

Date

**Is this a City Event?**  
*(DPW Director to approve when applicable)*

N/A

**Yes**

**No**

\_\_\_\_\_  
DPW Director

Date

**Other Department required approval?**

N/A

**Yes**

**No**

\_\_\_\_\_  
\_\_\_\_\_

Date

----- **Space Below Saved for Map or supporting Documents** -----  
(Add Map below or as additional attachment)

(Note: a jpg can be inserted into the box above)